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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of eddress) Note: A certificate of mailing can only be used for domestic mailings of the									
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ROPES & GRAY LLP					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service *** Transmittal is being deposited with the United States Postal Service **** In an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile				
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BOSTON, MA 02110-2624					Joanne Ryan (Depositor's name)				
		Ooa	me Rus	en	(Signature)				
				2006	(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR		ATTORNEY DOCKET	NO. CO	NFIRMATION NO.	
10/686,492 10/14/2003 Wolfgang Fink C XXGHXXXXXXXXXX 3542									
TITLE OF INVENTION: OPTICALLY POWERED AND OPTICALLY DATA-TRANSMITTING WIRELESS INTRAOCULAR PRESSURE SENSOR DEVICE									
	ſ						- 1		
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION F		TOTAL FEE(S) DU	E	DATE DUE	
nonprovisional	YES \$70		\$300		\$	1000.00	•	09/27/2006	
EXAMINER		ART UNIT		CLASS-SUBCLA	CLASS-SUBCLASS				
DRYDEN, MATTHEW DUTTON		3736		600-398000	-				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list FISH & NEAVE IP									
CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, alternatively,							CAY LLP		
Address form PTO/SB/12	(2) the name of a single firm (having as a member a								
"Fee Address" indicate PTO/SB/47; Rev 03-02	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3								
Number is required. listed, no name w					10/62/20		32072-1010	45-406400-	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 18/52/2686-CN:CGA2 86808872 181945 10686492 01 FC:2501 700 gg no									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If any assignee 3 FC: 2501 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If any assignee 3 FC: 2001 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) O1 FC: 2501 O6 00 D0 O6 00 D0 O7 00									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 6.00 DA									
California Institute of Technology Pasadena, California									
Doheny Eye Institute Los Angeles, California									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.									
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
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merest as shown by the reco	The state of the states rate	Trademark	Office.	<u>.</u>					
Authorized Signature									
Typed or printed name Edward A. Gordon Registration No. 54,130									
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